

STPL
JUL 14 2003
PATENT & TRADEMARK OFFICE

1645

AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66872-016 (P-AR 4802)	
SERIAL NO: 09/942,098	FILING DATE: August 28, 2001	EXAMINER: P. Duffy	GROUP ART UNIT: 1645 CONFIRMATION NO.: 6185	
INVENTION: FRET PROTEASE ASSAYS FOR CLOSTRIDIAL TOXINS				

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 9, 2003.

By: Andrea L. Gashler
Andrea L. Gashler, Reg. No. 41,029
July 9, 2003
Date of Signature

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TECH CENTER 1600/2900

Transmitted herewith is a response to the Office Action mailed June 9, 2003, in the above-identified application.

- ☐ Small Entity status of this application has been established under 37 CFR 1.27.
- ☐ Petition for Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED			RATE			FEE	
						SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	31	166	0	x		\$9	\$18	=	\$	\$
INDEPENDENT CLAIMS	2	7	0	x		\$42	\$84	=	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				\$140	\$280	=	\$	\$
						TOTAL ADDITIONAL FEE			\$	\$0.00

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

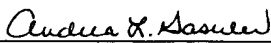
☐ Please charge my Deposit Account No. 502624 the amount of \$_____, \$_____ of which covers the fee for a _____-month extension of time. A duplicate copy of this sheet is enclosed.

BEST AVAILABLE COPY

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Filed: August 28, 2001
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- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Andrea L. Gashler
Registration No. 41,029
McDERMOTT, WILL & EMERY
4370 La Jolla Village Drive
7th Floor
San Diego, California 92122
858-535-9001



PATENT

Client Matter No.: 66872-016 (P-AR 4802)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of
Steward et al.

Serial No.: 09/942,098

Filed: August 28, 2001

For: FRET PROTEASE ASSAYS FOR
CLOSTRIDIAL TOXINS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Examiner: P. Duffy

Group Art Unit: 1645

Confirmation No.: 6185

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RESPONSE TO THE RESTRICTION REQUIREMENT

Sir:

Responsive to the Office Action mailed June 9, 2003,
entry of the amendments and consideration of the following
remarks is respectfully requested.

I. AMENDMENT

Please cancel claims 9 to 44 and 68 to 95.

II. REMARKS

Prior to the present amendment, claims 1 to 95 were
pending. The Examiner alleges that these claims are directed to
16 distinct and independent inventions as follows: